

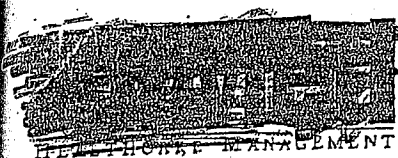
# EXHIBIT AA

to

**PLAINTIFFS' RESPONSE TO  
DEFENDANTS' MOTION FOR  
SUMMARY JUDGMENT**

**Civil Action No.: 1:10-cv-00986-JFA**

*Outside Review*



Phone: [REDACTED]

or (8 [REDACTED]

Fax: [REDACTED]

ACCREDITED  
INDEPENDENT REVIEW

## Hospital Peer Review

TO: *Barbara Miller, MSN, CCM, CPHQ*  
*Aiken Regional Medical Centers*  
*Confidential and Privileged Peer Review Document*

DATE: January 4, 2008

REVIEW FOR: PATIENT NAME: *Janay Drayton*  
 INSURED NAME: *same*  
 GROUP# / INS SS#: *156314*

### TYPE OF REVIEW

REQUESTED: *Peer Specialty Review / Non-Expedited*  
*Hospital Peer Review*

### PHYSICIAN REVIEW:

*Reviewed by a Board Certified Obstetrician/Gynecologist*

#### Materials reviewed:

I have reviewed the records provided including the entire medical record of the hospital stay of 11/20/07, the history and physical, progress notes, labs, nursing notes, pharmacy records, imaging studies, and vital sign notes.

#### Summary of clinical course:

This is a 25-year-old GI, PO female who was seen for vaginal bleeding at 20 and 4/7 weeks. She was immediately sent to the hospital for an emergent D&E due to excessive bleeding and a footling breech presentation.

The patient was taken to the OR and underwent what appears to be an extremely difficult and time consuming procedure. The procedure was performed under ultrasound guidance without recognized complication at the time of surgery. She was taken to recovery in stable condition with transfusion in place.

She was eventually taken to her room at which time she was found to be bleeding heavily. Her

*Continued*

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Review for Drayton

physician was called and returned to the patient's bedside. She consulted senior staff and the patient returned to the OR under the care of these physicians with Dr. Muniz as second assist.

An exploratory laparotomy was performed without complication. The uterus was found to be boggy but without perforation. A hysterectomy was performed and a bleeding vessel was found on the posterior uterine wall. This was controlled with suture without complication. The patient was closed and then examined vaginally; a cervical laceration was found and sutured. The patient returned to recovery and the remainder of her hospital stay was uneventful.

**Response to referral question:**

*Pre procedure evaluation & indications with interventions:*

Appropriate.

*Procedure technique:*

Appropriate.

*Complications - timely recognition and intervention:*

Appropriate.

*Post procedure care:*

Appropriate.

*Utilization of ancillary services and consultants:*

Appropriate.

**Rationale / Source of opinion:**

In reviewing this case and its time-line I find nothing that suggests her care was inappropriate. It would have been better to have discovered the cervical laceration during the first case. However, based on both operative reports, it does not appear that this was a significant source of bleeding based on the operative findings during the second case, and it did not lead to patient harm. Given the bleeding described, no other option was feasible. Cytotec is best reserved for non-bleeding situations and Pitocin would have little utility given the clinical events. In light of the information provided in an emergency situation, care was appropriate.

DATE

Medical Director

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